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Bib Data Sheet

CONFIRMATION NO. 6441

<b>SERIAL NUMBER</b> 10/544,150	<b>FILING OR 371(c) DATE</b> 08/01/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 3009040 US01
<b>APPLICANTS</b> Francis X. Smith, Salem, NH;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US01/46841 11/08/2001 which claims benefit of 60/246,689 11/08/2000 and claims benefit of 60/246,707 11/08/2000 and claims benefit of 60/246,708 11/08/2000 and claims benefit of 60/246,709 11/08/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 11
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 44331				
<b>TITLE</b> Ophthalmic and contact lens solutions containing forms of vitamin b				
<b>FILING FEE RECEIVED</b> 730	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	